

## NEW/EXPANDED BUSINESS FACILITY AND ENTERPRISE ZONE: APPLICATION FOR INITIALLY CLAIMING TAX BENEFITS

Read instructions carefully before completing form.

Schedules S and M must accompany this application which must be filed in tax period after development occurred.

FOR CALENDAR YEAR

OR TAX YEAR BEGINNING

ENDING

PLEASE TYPE OR PRINT	NAME OF FACILITY		FACILITY FEDERAL ID NO.
			AND
	ADDRESS OF FACILITY (WHERE DEVELOPMENT OCCURRED)		TAXPAYER FEDERAL ID NO.
			AND
	CITY	COUNTY	ZIP CODE
	MISSOURI		FACILITY MISSOURI TAX ID NO. (MITS)
STATUS-ACTIVITY	1. Is this address within a designated enterprise zone? (If yes, attach Schedule A) <input type="checkbox"/> YES <input type="checkbox"/> NO		
	1a. List all other federal and state programs for which this facility is applying, or is currently utilizing:		
	2. Name and mailing address if different than above:		
	NAME		
	ADDRESS (STREET, PO BOX, CITY, STATE, ZIP CODE)		
	2a. Name and address of business headquarters, if different from above:		
	3. Name, address and telephone of person completing application:		
	NAME		TELEPHONE NUMBER
			( )
	ADDRESS (STREET, PO BOX, CITY, STATE, ZIP CODE)		
STATUS-ACTIVITY	4. Business entity for tax purposes:		
	4a. <input type="checkbox"/> Corporation      4b. <input type="checkbox"/> Fiduciary      4c. <input type="checkbox"/> Individual Proprietorship      4d. <input type="checkbox"/> Partnership		
	4e. <input type="checkbox"/> S-Corp.      4f. <input type="checkbox"/> Limited Liability Corp.      4g. <input type="checkbox"/> Limited Liability Partnership      4h. <input type="checkbox"/> Other (Specify) _____		
	<b>NOTE: IF THE TAXPAYER IS A FIDUCIARY, PARTNERSHIP, S-CORPORATION, ETC., IDENTIFY THE NAMES, SOCIAL SECURITY NUMBERS AND PROPORTIONED SHARE OF OWNERSHIP OF EACH BENEFICIARY, PARTNER OR SHAREHOLDER ON THE LAST DAY OF THE TAX PERIOD. AGGREGATE PROPORTIONATE SHARES OR PERCENTAGE OF TOTAL OWNERSHIP MAY NOT EXCEED 100%. ATTACH A SEPARATE SHEET IF NECESSARY.</b>		
	NAME(S)	SOCIAL SECURITY NO.(S)	%OWNERSHIP YEAR END
			%
			%
			%
			%
		4i. Taxpayer's total annual Missouri sales revenues or receipts:	
	<input type="checkbox"/> \$0 - \$250,000 <input type="checkbox"/> \$250,000 - \$500,000 <input type="checkbox"/> \$500,000 - \$1M <input type="checkbox"/> \$1M - \$5M <input type="checkbox"/> \$5M - \$10M <input type="checkbox"/> \$10M and over		
	4j. Taxpayer's total Missouri employment (total number of employees):		
	5. Describe the business activity (ies) conducted at this facility. Be specific.		
	5a. Enter the facility's 5-digit NAICS number:		
DEVELOPMENT DESCRIPTION	6. Which one of the following BEST describes the facility where the development occurred? (CHECK ONLY ONE)		
	6a. <input type="checkbox"/> A new facility (recently organized and formed)		
	6b. <input type="checkbox"/> A new facility to Missouri (relocation or expansion from another state)		
	6c. <input type="checkbox"/> A new facility that replaces an "old" facility closed by the CURRENT TAXPAYER		
	6d. <input type="checkbox"/> A new facility in addition to another or other OPEN AND OPERATING Missouri facility		
	6e. <input type="checkbox"/> An expansion of an existing facility (attached to an existing structure)		
	6f. <input type="checkbox"/> An expansion of an existing facility (separated from existing structure (s) but on same site)		

DEVELOPMENT DESCRIPTION	7. Short description of development (Attach separate sheet(s) if necessary):
LEASE – PURCHASE – ACQUISITION	<p>8. Was this new or expanded facility leased from another person(s)? (Includes rental/leasing of land, building, machinery, equipment, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8a. If yes, enter the date the rental/lease started: <i>(Month, Day, Year)</i></p> <p>8b. Enter the net MONTHLY rental/lease cost for the TAX PERIOD BEING CLAIMED: \$</p> <p>8c. Enter the net MONTHLY rental/lease cost for the PREVIOUS TAX PERIOD: \$</p> <p>8d. Was this facility occupied by ANOTHER TAXPAYER immediately prior to the starting date of YOUR lease? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8e. If yes, what was the previous operation and why did it cease at this location?</p> <p>8f. If no, enter the dates or period of time the facility was closed: From <i>(month, day, year)</i> To <i>(month, day, year)</i></p> <hr/> <p>9. Was this new or expanded facility acquired or purchased from another person(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>9a. If yes, enter the date title to acquire property was transferred: <i>(month, day, year)</i></p> <p>9b. Enter the purchase price paid for real and tangible personal property (not inventory): \$</p> <p>9c. Was the facility occupied by ANOTHER TAXPAYER immediately prior to the date the title was transferred to YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>9d. If yes, what was the previous operation and why did it cease at this location?</p> <p>9e. If no, enter the dates or period of time the facility was closed: From <i>(month, day, year)</i> To <i>(month, day, year)</i></p>
REPLACEMENT FACILITY	<p>10. Was a facility previously operated by YOU OR A RELATED TAXPAYER closed elsewhere in Missouri as a result of this facility? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>NOTE:</b> RELATED TAXPAYER MEANS A CORPORATION, PARTNERSHIP, TRUST, ASSOCIATION OR INDIVIDUAL IN CONTROL OF OR CONTROLLED BY THE TAXPAYER. "IN CONTROL OF" MEANS 50% OR MORE OWNERSHIP.</p> <p>10a. If yes, explain what occurred.</p> <p>10b. Date of closure: <i>(month, day, year)</i></p> <p>10c. Amount of investment IN USE at former facility at time of closure? \$</p> <p><b>NOTE:</b> INCLUDE LAND, BUILDING(S), MACHINERY, EQUIPMENT, FURNITURE, FIXTURES AND ANY OTHER TANGIBLE PERSONAL DEPRECIABLE PROPERTY (BUT NOT INVENTORY) AS DEFINED IN INTERNAL REVENUE CODE SECTION 167. THE VALUE OF SUCH PROPERTY IS TO BE DETERMINED BASED ON ITS ORIGINAL COST IF OWNED, OR EIGHT TIMES THE NET ANNUAL RENTAL/LEASE RATE IF RENTED OR LEASED (MONTHLY RENT TIMES 12 TIMES 8). NET ANNUAL RENTAL RATE MEANS THE ANNUAL RENTAL RATE PAID BY THE TAXPAYER, LESS ANY RENTAL FEES RECEIVED BY THE TAXPAYER FROM SUBRENTALS.</p> <hr/> <p>11. Did the TAXPAYER OR A RELATED TAXPAYER operate the now closed facility during the tax period immediately preceding the taxable year in which commencement of commercial operations occurred at this new or expanded facility? (See data entered on line 13.) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>12. Were the operations previously conducted at the closed facility the same as or substantially similar to the operations being conducted by you at this facility? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>12a. If no, describe operations of former facility:</p>
COMMENCEMENT DATE	13. Date taxpayer commenced the new or expanded operations at this facility. THIS DATE MUST BE FOR AT LEAST ONE FULL MONTH DURING THE TAX PERIOD for which these tax benefits are being claimed, and must be during the FIRST TAX PERIOD this NEW or EXPANDED PORTION OF THIS FACILITY was FIRST PUT INTO USE by the taxpayer claiming these tax benefits. Last possible date 12/31/2004 and Letter of Intent was mailed by 12/16/2004 to the Department: <i>(month, day, year)</i>
MULTIPLE BUSINESSES	<p>14. Did the taxpayer requesting tax benefits have interest(s) in any other BUSINESS (ES) in MISSOURI that FILE A SINGLE MISSOURI TAX RETURN WITH THIS FACILITY for this tax period? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ANSWER "YES" ONLY IF A SINGLE MISSOURI RETURN IS FILED FOR THESE BUSINESSES.</p> <p>14a. List names and FEIN numbers of other businesses FILING SINGLE MISSOURI RETURN WITH THIS FACILITY:</p>
MULTIPLE FACILITIES	<p>15. Did the taxpayer of this new or expanded facility operated any other FACILITY (IES) in MISSOURI besides this new or expanded facility during this tax period? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ANSWER "YES" ONLY IF A SINGLE MISSOURI RETURN IS FILED FOR THESE FACILITIES.</p> <p>15a. List names and addresses of all Missouri facilities FILING SINGLE MISSOURI TAX RETURN WITH THIS FACILITY:</p>

<b>THIS PORTION IS TO BE COMPLETED ONLY BY TAXPAYERS CLAIMING ENTERPRISE ZONE TAX BENEFITS. DO NOT COMPLETE IF THIS FACILITY IS NOT WITHIN AN ENTERPRISE ZONE.</b>	
<b>TRAINING CREDITS</b>	16. Excluding local, state or federal government funding sources, did the TAXPAYER incur costs to train employees AT THIS ENTERPRISE ZONE FACILITY DURING THIS TAX PERIOD? If YES, attach Schedule B. (Trainee must be zone resident or "difficult to employee.") <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>
<b>RESIDENT CREDITS</b>	17. Were any of THIS FACILITY'S employees residents of a MISSOURI ENTERPRISE ZONE DURING THIS TAX PERIOD? If YES, attach Schedule C. (Addresses must be verified by enterprise zone representative(s).) <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>
<b>SPECIAL CREDITS</b>	18. Were any of THIS FACILITY'S employees unemployed at least 90 days OR eligible for Temporary Assistance or the General Relief Program AT THE TIME HIRED FOR THIS DEVELOPMENT? If YES, attach Schedule D. <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>
<b>BUSINESS FACILITY OPTION</b>	19. Does the taxpayer elect to claim the new/expanded business facility tax benefits <b>in lieu of the enterprise zone tax benefits</b> ? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>
<b>THIS PORTION IS TO BE COMPLETED ONLY BY TAXPAYERS CLAIMING NEW OR EXPANDED BUSINESS FACILITY TAX BENEFITS. DO NOT COMPLETE IF THIS FACILITY IS WITHIN AN ENTERPRISE ZONE.</b>	
<b>EXISTING BUSINESS CREDIT</b>	20. At the time of commencement, or immediately prior to commencement of this expansion, addition or replacement, did the taxpayer operate ANY OTHER MISSOURI facility(ies) in addition to the new or expanded facility? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>  20a. If yes, describe the commercial operation at the OTHER FACILITY (IES). Be Specific.  20b. Enter the NAICS number(s) of the OTHER FACILITY(IES)n:
<b>CREDIT DEFERRAL</b>	21. Does the taxpayer elect to defer claiming this credit? <span style="float: right;"><input type="checkbox"/> YES   <input type="checkbox"/> NO</span>  21a. If yes, to what tax year is credit deferred – may be deferred up to three additional tax periods: (Tax period ending <i>(month, day, year)</i> )
<b>CERTIFICATION</b>	<p><b>CERTIFICATION</b></p> <ul style="list-style-type: none"> <li>I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.</li> <li>I certify that the application does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. §1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien.</li> <li>I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee, examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.</li> <li>I attest that I have read and understand the New and Expanded Business Facility or Enterprise Zone Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099).</li> <li>I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program.</li> <li>I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true and correct to the best of my knowledge and belief.</li> </ul> <p><b>MUST BE SIGNED IN PRESENCE OF NOTARY:</b></p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;"> <p>STATE OF MISSOURI )</p> <p style="margin-left: 100px;">) ss.</p> <p>COUNTY/CITY OF _____ )</p> <p>On this _____ day of _____, 200____, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.</p> </div> <div style="width: 55%; text-align: center;"> <p>_____ SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE</p> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"> <div style="width: 40%;"></div> <div style="width: 55%; text-align: center;"> <p>_____ Notary Public</p> <p>My commission expires _____</p> </div> </div>
<b>MAIL ALL CLAIMS FOR TAX BENEFITS AND ALL RELATED INQUIRIES TO: FINANCE MANAGEMENT, MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT, PO BOX 118, JEFFERSON CITY, MO 65102</b>	
<b>SCHEDULES S AND M MUST ACCOMPANY THIS APPLICATION</b>	
<b>NOTE: THIS APPLICATION MUST BE FILED IN THE TAX PERIOD AFTER THE COMMENCEMENT TAX PERIOD (see date item 13).</b>	
<b>THIS APPLICATION MUST BE FILED WITH THE DEPARTMENT OF ECONOMIC DEVELOPMENT FOR CREDIT CERTIFICATION PRIOR TO CLAIMING THE BENEFITS ON YOUR MISSOURI TAX RETURN.</b>	



135 - A

**NEW/EXPANDED BUSINESS FACILITY AND ENTERPRISE ZONE:  
APPLICATION FOR SUBSEQUENTLY CLAIMING TAX BENEFITS**

Read instructions carefully before completing form.

Schedules S and M must accompany this application which must be filed each year following year one.

## ENDING

PLEASE TYPE OR PRINT	NAME OF FACILITY		FACILITY FEDERAL ID NO.	
	ADDRESS OF FACILITY (WHERE DEVELOPMENT OCCURRED)		TAXPAYER FEDERAL ID NO.	
	CITY		COUNTY	ZIP CODE
	MISSOURI		FACILITY MISSOURI TAX ID NO. (MITS)	
	1. Is this address within a designated enterprise zone? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	1a. List all other federal and state programs for which this facility is applying, or is currently utilizing:			
	2. Name and mailing address if different than above:			
	NAME			
	ADDRESS (STREET, PO BOX, CITY, STATE, ZIP CODE)			
	2a. Name and address of business headquarters, if different from above:			
	3. Name, address and telephone of person completing application:			
	NAME		TELEPHONE NUMBER (       )	
	ADDRESS (STREET, PO BOX, CITY, STATE, ZIP CODE)			
	STATUS-ACTIVITY	4. Business entity for tax purposes:		
4a. <input type="checkbox"/> Corporation      4b. <input type="checkbox"/> Fiduciary      4c. <input type="checkbox"/> Individual Proprietorship      4d. <input type="checkbox"/> Partnership				
4e. <input type="checkbox"/> S-Corp.      4f. <input type="checkbox"/> Limited Liability Corp.      4g. <input type="checkbox"/> Limited Liability Partnership      4h. <input type="checkbox"/> Other (Specify) _____				
<b>NOTE: IF THE TAXPAYER IS A FIDUCIARY, PARTNERSHIP, S-CORPORATION, ETC., IDENTIFY THE NAMES, SOCIAL SECURITY NUMBERS AND PROPORTIONED SHARE OF OWNERSHIP OF EACH BENEFICIARY, PARTNER OR SHAREHOLDER ON THE LAST DAY OF THE TAX PERIOD. AGGREGATE PROPORTIONATE SHARES OR PERCENTAGE OF TOTAL OWNERSHIP MAY NOT EXCEED 100%. ATTACH A SEPARATE SHEET IF NECESSARY.</b>				
NAME(S)		SOCIAL SECURITY NO.(S)	%OWNERSHIP YEAR END	
			%	
			%	
			%	
			%	
4i. Taxpayer's total annual Missouri sales revenues or receipts:				
<input type="checkbox"/> \$0 - \$250,000 <input type="checkbox"/> \$250,000 - \$500,000 <input type="checkbox"/> \$500,000 - \$1M <input type="checkbox"/> \$1M - \$5M <input type="checkbox"/> \$5M - \$10M <input type="checkbox"/> \$10M and over				
4j. Taxpayer's total Missouri employment (total number of employees):				
5. Describe the business activity (ies) conducted at this facility. Be specific.				
5a. Enter the facility's 5-digit NAICS number if known:				
CERTIFIED AND CLAIMED BENEFITS	6. Tax years for which this facility's tax benefit has been certified if known.			
	Total Amount of Credits			
			Certified by State	Claimed on MO Return
	6a. 1 <sup>st</sup> year:	Beginning: _____	Ending: _____	\$ _____
	6b. 2 <sup>nd</sup> year:	Beginning: _____	Ending: _____	\$ _____
	6c. 3 <sup>rd</sup> year:	Beginning: _____	Ending: _____	\$ _____
	6d. 4 <sup>th</sup> year:	Beginning: _____	Ending: _____	\$ _____
6e. 5 <sup>th</sup> year:	Beginning: _____	Ending: _____	\$ _____	

	6f. 6 <sup>th</sup> year:	Beginning: _____	Ending: _____	\$ _____	\$ _____
	6g. 7 <sup>th</sup> year:	Beginning: _____	Ending: _____	\$ _____	\$ _____
	6h. 8 <sup>th</sup> year:	Beginning: _____	Ending: _____	\$ _____	\$ _____
	6i. 9 <sup>th</sup> year:	Beginning: _____	Ending: _____	\$ _____	\$ _____
	6j. 10 <sup>th</sup> year:	Beginning: _____	Ending: _____	\$ _____	\$ _____
<b>LEASE</b>	7. If this new or expanded facility was leased from another person(s), enter the net MONTHLY rental/lease cost. INCLUDE ANY LEASED LAND, BUILDING(S), MACHINERY, EQUIPMENT, FURNITURE, FIXTURES AND ANY OTHER TANGIBLE PERSONAL DEPRECIABLE PROPERTY IN USE EXCEPT INVENTORIES.				
<b>MULTIPLE BUSINESSES</b>	8. Did the taxpayer requesting tax benefits have interest(s) in any other BUSINESS (ES) in MISSOURI that FILE A SINGLE MISSOURI TAX RETURN WITH THIS FACILITY for this tax period? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Answer YES only if a single Missouri return is filed for these businesses.  8a. List names and REIN numbers of other businesses FILING SINGLE MISSOURI RETURN WITH THIS FACILITY.				
<b>MULTIPLE FACILITIES</b>	9. Did the taxpayer of this new or expanded facility operate any other FACILITY (IES) in MISSOURI besides this new or expanded facility during this tax period? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> Answer YES only if a single Missouri return is filed for these facilities.  9a. List names and addresses of all Missouri facilities FILING SINGLE MISSOURI TAX RETURN WITH THIS FACILITY.				
<b>THIS PORTION IS TO BE COMPLETED ONLY BY TAXPAYERS CLAIMING ENTERPRISE ZONE TAX BENEFITS. DO NOT COMPLETE IF THIS FACILITY IS NOT WITHIN AN ENTERPRISE ZONE.</b>					
<b>TRAINING CREDITS</b>	10. Excluding local, state or federal government funding sources, did the TAXPAYER incur costs to train employees AT THIS ENTERPRISE ZONE FACILITY DURING THIS TAX PERIOD? If YES, attach Schedule B. (Trainee must be zone resident or "difficult to employ.")				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>RESIDENT CREDITS</b>	11. Were any of THIS FACILITY'S employees residents of a MISSOURI ENTERPRISE ZONE DURING THIS TAX PERIOD? If YES, attach Schedule C. (Addresses must be verified by enterprise zone representative(s).)				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>SPECIAL CREDITS</b>	12. Were any of THIS FACILITY'S employees unemployed at least 90 days OR eligible for Temporary Assistance or the General Relief Program AT THE TIME HIRED FOR THIS DEVELOPMENT? If YES, attach Schedule D.				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>CERTIFICATION</b>	<p><b>CERTIFICATION</b></p> <ul style="list-style-type: none"> <li>I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.</li> <li>I certify that the application does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. §1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien.</li> <li>I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee, examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.</li> <li>I attest that I have read and understand the New and Expanded Business Facility or Enterprise Zone Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099).</li> <li>I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program.</li> <li>I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true and correct to the best of my knowledge and belief.</li> </ul> <p><b>MUST BE SIGNED IN PRESENCE OF NOTARY:</b> _____</p> <p style="text-align: right;">SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE</p> <p>STATE OF MISSOURI )</p> <p style="text-align: right;">) ss.</p> <p>COUNTY/CITY OF _____ )</p> <p>On this _____ day of _____, 200____, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.</p> <p style="text-align: right;">_____ Notary Public</p> <p style="text-align: right;">My commission expires _____</p>				
<b>MAIL ALL CLAIMS FOR TAX BENEFITS AND ALL RELATED INQUIRIES TO: FINANCE MANAGEMENT, MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT, PO BOX 118, JEFFERSON CITY, MO 65102</b>					
<b>SCHEDULES S AND M MUST ACCOMPANY THIS APPLICATION</b>					
<b>THIS APPLICATION MUST BE FILED WITH THE DEPARTMENT OF ECONOMIC DEVELOPMENT FOR CREDIT CERTIFICATION PRIOR TO CLAIMING THE BENEFITS ON YOUR MISSOURI TAX RETURN.</b>					

**NEW/EXPANDED BUSINESS FACILITY AND ENTERPRISE ZONE:  
EMPLOYEES AND INVESTMENT CREDITS**

Read instructions carefully before completing form.

FOR CALENDAR YEAR

OR TAX YEAR BEGINNING

ENDING

NAME OF FACILITY					FACILITY FEDERAL ID NO. <div style="text-align: right;">AND</div>	
THIS SCHEDULE MUST BE FILED EACH YEAR TAX BENEFITS ARE CLAIMED. ATTACH THIS SCHEDULE TO FORM 135 OR 135-A, WHICHEVER IS APPLICABLE.					TAXPAYER FEDERAL ID NO. <div style="text-align: right;">AND</div>	
COMPUTING "NEW BUSINESS FACILITY EMPLOYEES" AND "NEW BUSINESS FACILITY INVESTMENT"					FACILITY MISSOURI TAX ID NO. (MITS)	
	MONTHS	NEW BUSINESS FACILITY EMPLOYEES (FULL-TIME OR 20 HRS. OR 80% SEASON, LAST WORK DAY EACH MONTH)		NEW BUSINESS FACILITY INVESTMENT (ORIGINAL COST/8 TIMES ANNUAL RENT, LAST WORK DAY EACH MONTH)		
	(X)	(A) YEAR FILING	(B) BASE YEAR	(C) YEAR FILING	(D) BASE YEAR	
COLUMN LINE		TAX YEAR ENDING _____, _____	TAX YEAR ENDING _____, _____	TAX YEAR ENDING _____, _____	TAX YEAR ENDING _____, _____	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13	TOTAL					13
14	AVERAGE					14
15						15
16					\$	16
17		TRANSFERRED EMPLOYEES	( )			17
18				TRANSFERRED INVESTMENT	(\$ )	18
19		NEW BUSINESS FACILITY EMPLOYEES				19
20				NEW BUSINESS FACILITY INVESTMENT	\$	20
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.						
TAXPAYER'S OR DESIGNEE'S SIGNATURE		DATE		PREPARER'S SIGNATURE		DATE
THIS SCHEDULE MUST ACCOMPANY FORM 135 OR 135-A WHICHEVER IS APPLICABLE.  MAIL ALL CLAIMS FOR TAX BENEFITS AND ALL RELATED INQUIRIES TO: FINANCE MANAGEMENT MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT PO BOX 118 JEFFERSON CITY, MO 65102						



MISSOURI SCHEDULE

S - 1

**NEW/EXPANDED BUSINESS FACILITY AND ENTERPRISE ZONE:  
INVESTMENT WORKSHEET: SCHEDULE S, COLUMN C: TAX YEAR FILING**

Read instructions carefully before completing form.

FOR CALENDAR YEAR

OR TAX YEAR BEGINNING

ENDING

THIS SCHEDULE MAY BE REQUIRED TO VERIFY SCHEDULE S.			
THE TAXPAYER AND PREPARER WILL BE NOTIFIED IF THIS FORM IS REQUIRED.			
(E) DATE PURCHASE OR LEASE PUT INTO USE (MO/DAY/YR)	(F) ITEMIZED LIST: ALL REAL AND TANGIBLE PERSONAL PROPERTY IN USE LAST WORK DAY EACH MONTH (LAND, BUILDING, FURNITURE, FIXTURES, MACHINERY, EQUIPMENT, <b>NOT</b> INVENTORY) <b>DO NOT INCLUDE CONSTRUCTION IN PROGRESS.</b>	(G) MONTHLY LEASE (IF APPLICABLE)	(H) ORIGINAL COST OR LEASE x 12 x 8
		\$	\$
		TOTAL INVESTMENT	\$



S - 2

**NEW/EXPANDED BUSINESS FACILITY AND ENTERPRISE ZONE:  
INVESTMENT WORKSHEET: SCHEDULE S, COLUMN D: BASE TAX YEAR**

Read instructions carefully before completing form.

FOR CALENDAR YEAR

OR TAX YEAR BEGINNING

## ENDING

THIS SCHEDULE MAY BE REQUIRED TO VERIFY SCHEDULE S.			
THE TAXPAYER AND PREPARER WILL BE NOTIFIED IF THIS FORM IS REQUIRED.			
(I) DATE PURCHASE OR LEASE PUT INTO USE (MO/DAY/YR)	(J) ITEMIZED LIST: ALL REAL AND TANGIBLE PERSONAL PROPERTY IN USE LAST WORK DAY EACH MONTH (LAND, BUILDING, FURNITURE, FIXTURES, MACHINERY, EQUIPMENT, <b>NOT</b> INVENTORY).	(K) MONTHLY LEASE (IF APPLICABLE)	(L) ORIGINAL COST OR LEASE x 12 x 8
		\$	\$
		TOTAL INVESTMENT	\$



**NEW/EXPANDED BUSINESS FACILITY AND ENTERPRISE ZONE:  
APPORTIONMENT OF MISSOURI TAXABLE BUSINESS INCOME**

Read instructions carefully before completing form.

FOR CALENDAR YEAR	OR TAX YEAR BEGINNING	ENDING
NAME OF FACILITY		FACILITY FEDERAL ID NO. <div style="text-align: right;">AND</div>
THIS SCHEDULE MUST BE FILED EACH YEAR TAX BENEFITS ARE CLAIMED. ATTACH THIS SCHEDULE TO FORM 135 OR 135-A, WHICHEVER IS APPLICABLE.		TAXPAYER FEDERAL ID NO. <div style="text-align: right;">AND</div>
ALL TAXPAYERS MUST COMPLETE ITEMS 2-4.		FACILITY MISSOURI TAX ID NO. (MITS)
IF A MISSOURI CONSOLIDATED RETURN IS FILED, ITEMS 1, 2 AND 4 MUST INCLUDE THE CONSOLIDATED AMOUNTS.		
1	<p>If known, enter that portion of the taxpayer's TOTAL MISSOURI taxable income (or loss), Missouri sources attributed to THIS Missouri BUSINESS DURING THIS TOTAL TAX PERIOD. INCLUDE CONSOLIDATED INCOMES.</p> <p><b>DO NOT ESTIMATE: ENTER "UNKNOWN"</b></p>	<div>143</div> <div>\$</div> <div style="border-top: 1px solid black; height: 10px;"></div> <div>148</div> <div>\$</div>
2	Enter the amount of compensation paid to all persons employed by this BUSINESS in Missouri DURING THIS TOTAL TAX PERIOD. INCLUDE ALL CONSOLIDATED FACILITIES.	\$
3	Enter the amount of compensation paid DURING THIS TAX PERIOD to ALL PERSONS employed at THIS FACILITY ONLY.	\$
4	Enter the AVERAGE VALUE of ALL REAL and DEPRECIABLE TANGIBLE PERSONAL PROPERTY, <b>including 8 times net ANNUAL rental rates</b> , USED by this BUSINESS IN Missouri DURING THIS TOTAL TAX PERIOD. INCLUDE ALL CONSOLIDATED PROPERTY VALUES. <b>DO NOT INCLUDE INVENTORIES AND CONSTRUCTION IN PROGRESS.</b>	\$
<p>UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.</p>		
TAXPAYER'S OR DESIGNEE'S SIGNATURE		DATE
		PREPARER'S SIGNATURE
		DATE
<p><b>THIS SCHEDULE MUST ACCOMPANY FORM 135 OR 135-A WHICHEVER IS APPLICABLE.</b></p> <p>MAIL TO:  <b>FINANCE MANAGEMENT</b>  <b>MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT</b>  <b>PO BOX 118</b>  <b>JEFFERSON CITY, MO 65102</b></p>		

**ENTERPRISE ZONE:**

**APPLICATION FOR SUBSEQUENTLY CLAIMING TAX BENEFITS**

Read instructions carefully before completing form.

FOR CALENDAR YEAR

OR TAX YEAR BEGINNING

ENDING

<b>PLEASE TYPE OR PRINT</b>	NAME OF FACILITY		FACILITY FEDERAL ID NO.
			AND
	ADDRESS OF FACILITY (WHERE DEVELOPMENT OCCURRED)		TAXPAYER FEDERAL ID NO.
			AND
	CITY	COUNTY	ZIP CODE
	MISSOURI		FACILITY MISSOURI TAX ID NO. (MITS)

**FOLLOWING TO BE COMPLETED BY GOVERNING AUTHORITY'S REPRESENTATIVE, NOT TAXPAYER.**

I, \_\_\_\_\_, of \_\_\_\_\_,  
(AUTHORIZED REPRESENTATIVE) (CITY OR COUNTY)

a duly authorized representative of the governing authority of the foregoing city or county, do hereby certify on this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, that the foregoing facility's address is within the

\_\_\_\_\_ Enterprise Zone's:  
(ENTERPRISE ZONE NAME)

(CHECK ONE)

- ☐ Original boundaries designated on \_\_\_\_\_  
OR  
☐ Expanded boundaries designated on \_\_\_\_\_  
OR  
☐ Redesignated boundaries designated on \_\_\_\_\_

**MUST BE SIGNED IN  
PRESENCE OF NOTARY**

SIGNATURE OF AUTHORIZED REPRESENTATIVE

**NOTARY PUBLIC EMBOSSEY OR  
BLACK INK RUBBER STAMP  
SEAL**

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

**ATTACH TO FORM 135 ONLY. DO NOT FILE WITH FORM 135-A UNLESS YOUR ZONE WAS REDESIGNATED DURING THE YEAR YOU ARE FILING.**

MAIL TO:  
**FINANCE MANAGEMENT  
MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
PO BOX 118  
JEFFERSON CITY, MO 65102**

**ENTERPRISE ZONE:  
EMPLOYEE TRAINING CREDITS**

Read instructions carefully before completing form.

**If item 16 on form 135, or item (10) on form 135-A was checked "YES", complete the following information:**

THE FOLLOWING EMPLOYEE/RESIDENTS AND DIFFICULT TO EMPLOYEE EMPLOYEES WERE TRAINED DURING

CALENDAR YEAR

OR TAX YEAR BEGINNING

ENDING

NAME OF FACILITY				DATE FACILITY INITIALLY QUALIFIED FOR CREDITS (COMMENCEMENT DATE, MONTH/DATE/YEAR)			FACILITY FEDERAL ID NO.  <div style="text-align: right;">AND</div>			
<b>THIS SCHEDULE IS TO BE COMPLETED ONLY BY TAXPAYERS CLAIMING ENTERPRISE ZONE TAX BENEFITS AND IS TO BE ATTACHED TO FORM 135 OR FORM 135-A, WHICHEVER IS APPLICABLE.</b>  <b>IMPORTANT:</b> ALPHABETICALLY list the FULL names of ONLY those employees, who at the time of training, were either RESIDENTS of any Missouri enterprise zone, or "DIFFICULT TO EMPLOY": unemployed at least 3 months at the time hired. INCLUDE MONTH, DAY AND YEAR for beginning and ending dates of training program. The CREDIT AMOUNT is limited to a MAXIMUM of \$400 PER EMPLOYEE. <b>NO CREDITS WILL BE ALLOWED FOR EMPLOYEES NOT LISTED ON EITHER SCHEDULE C OR D.</b>							TAXPAYER FEDERAL ID NO.  <div style="text-align: right;">AND</div>			
							FACILITY MISSOURI TAX ID NO. (MITS)			
NAME OF EMPLOYEE TRAINED (ALPHABETIZE)	DATE HIRED (MO/DAY/YR)	AMOUNT OF TRAINING CREDIT CLAIMED IN PRIOR TAX YEARS	TRAINEE'S SOCIAL SECURITY NO.	WAS TRAINEE RESIDENT & LISTED ON SCHEDULE C? (YES OR NO)	WAS TRAINEE DIFFICULT TO EMPLOY AND LISTED ON SCHEDULE D? (YES OR NO)	BRIEF DESCRIPTION OF TRAINING RECEIVED	HOURS TRAINING RECEIVED	PERIOD OF TRAINING SPECIFY BEGINNING AND ENDING DATES (MO/DAY/YR)	YOUR TOTAL COST TO TRAIN EMPLOYEE	
<b>USE SEPARATE SHEET(S) IF NECESSARY</b>										
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.										
TAXPAYER'S OR DESIGNEE'S SIGNATURE				DATE		PREPARER'S SIGNATURE				DATE
<b>ATTACH TO FORM 135 OR 135-A WHICHEVER IS APPLICABLE.</b>  MAIL TO: FINANCE MANAGEMENT, MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT, PO BOX 118, JEFFERSON CITY, MO 65102										

**ENTERPRISE ZONE:  
EMPLOYEE RESIDENT CREDITS**

Read instructions carefully before completing form.

If item 17 on form 135, or item (11) on form 135-A was checked "YES", complete the following information

THE FOLLOWING EMPLOYEES RESIDED WITHIN THIS ENTERPRISE ZONE DURING

CALENDAR YEAR

OR TAX YEAR BEGINNING

ENDING

NAME OF FACILITY			ENTERPRISE ZONE NAME		FACILITY FEDERAL ID NO.  AND
<b>THIS SCHEDULE IS TO BE COMPLETED ONLY BY TAXPAYERS CLAIMING ENTERPRISE ZONE TAX BENEFITS AND IS TO BE ATTACHED TO FORM 135 OR FORM 135-A, WHICHEVER IS APPLICABLE. THIS SCHEDULE AND/OR SCHEDULE D MUST BE COMPLETED TO VERIFY 30% ELIGIBILITY.</b> <b>A SEPARATE SCHEDULE C MUST BE FILED FOR EACH ZONE SUBMITTED, AND ONLY THE DESIGNATED ENTERPRISE ZONE COORDINATOR FOR EACH ZONE MAY VERIFY THE ADDRESS IN HIS/HER ZONE.</b> <b>IMPORTANT: THIS SCHEDULE MUST BE VERIFIED AND SIGNED BY THE LOCAL ENTERPRISE ZONE COORDINATOR.</b> When listing the period of residency for each resident/employee (last column), LIMIT the RESIDENCY DATES TO THIS TAX PERIOD and INCLUDE MONTH, DAY AND YEAR. Residents MUST HAVE BEEN EMPLOYED AT THIS FACILITY during the ENTIRE RESIDENCY PERIOD CLAIMED.					TAXPAYER FEDERAL ID NO.  AND
					FACILITY MISSOURI TAX ID NO. (MITS)
EMPLOYEE NAME/RESIDENT OF ZONE (ALPHABETIZE)	DATE EMPLOYED (MONTH/DAY/YEAR)	DATE TERMINATED, IF APPLICABLE (MONTH/DAY/YEAR)	RESIDENT'S SOCIAL SECURITY NUMBER	RESIDENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE) (NO PO BOXES OR GENERAL DELIVERY)	PERIOD OF EMPLOYMENT AND RESIDENCY IN ZONE DURING TAX PERIOD: SPECIFY BEGINNING AND ENDING DATES (MO/DAY/YR)
<b>USE SEPARATE SHEET(S) IF NECESSARY</b>					
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ADDRESSES LISTED FOR THE ABOVE EMPLOYEES ARE WITHIN THE BOUNDARIES OF THE FOREGOING ENTERPRISE ZONE.					
LOCAL ENTERPRISE ZONE COORDINATOR'S SIGNATURE		TELEPHONE NUMBER	DATE	TAXPAYER'S OR DESIGNEE'S SIGNATURE	
		(      )		DATE	
<b>ATTACH TO FORM 135 OR 135-A WHICHEVER IS APPLICABLE.</b>					
MAIL TO: <b>FINANCE MANAGEMENT, MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT, PO BOX 118, JEFFERSON CITY, MO 65102</b>					

**ENTERPRISE ZONE:  
SPECIAL EMPLOYEE CREDITS**

Read instructions carefully before completing form.

If item 18 on form 135, or item (12) on form 135-A was checked "YES", complete the following information:

THE FOLLOWING EMPLOYEE/RESIDENTS AND DIFFICULT TO EMPLOYEE EMPLOYEES WERE TRAINED DURING

CALENDAR YEAR

OR TAX YEAR BEGINNING

ENDING

NAME OF FACILITY				DATE FACILITY INITIALLY QUALIFIED FOR CREDITS (COMMENCEMENT DATE, MONTH/DATE/YEAR)		FACILITY FEDERAL ID NO.  <b>AND</b>			
<b>THIS SCHEDULE IS TO BE COMPLETED ONLY BY TAXPAYERS CLAIMING ENTERPRISE ZONE TAX BENEFITS AND IS TO BE ATTACHED TO FORM 135 OR FORM 135-A, WHICHEVER IS APPLICABLE. THIS SCHEDULE AND/OR SCHEDULE C MUST BE COMPLETED TO VERIFY 30% ELIGIBILITY.</b>  <b>IMPORTANT:</b> Employees who qualify because they (1) were UNEMPLOYED FOR AT LEAST 3 MONTHS, or (2) were ELIGIBLE FOR TEMPORARY ASSISTANCE or GENERAL RELIEF BENEFITS. <i>SPECIAL EMPLOYEES MAY BE CLAIMED EACH YEAR THEY ARE STILL EMPLOYED AT THIS FACILITY.</i> INCLUDE MONTH, DAY AND YEAR for beginning and ending dates of employment.						TAXPAYER FEDERAL ID NO.  <b>AND</b>			
						FACILITY MISSOURI TAX ID NO. (MITS)			
NAME OF SPECIAL EMPLOYEE (ALPHABETIZE)	DATE EMPLOYED (MO/DAY/YR)	EMPLOYEE'S SOCIAL SECURITY NO.	DIFFICULT TO EMPLOY (UNEMPLOYED 90 DAYS OR MORE) (YES OR NO)	ELIGIBLE FOR ASSISTANCE OR RELIEF BENEFITS (YES OR NO)	DATES UNEMPLOYED (MO/DAY/YR) AND/OR HOW/WHY ELIGIBLE FOR SUBSIDIES (VERIFICATION MAY BE REQUIRED)	PERIOD OF EMPLOYMENT DURING TAX PERIOD. SPECIFY BEGINNING AND ENDING DATES (MO/DAY/YR)			
<b>USE SEPARATE SHEET(S) IF NECESSARY</b>									
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.									
TAXPAYER'S OR DESIGNEE'S SIGNATURE			DATE		PREPARER'S SIGNATURE			DATE	
<b>ATTACH TO FORM 135 OR 135-A WHICHEVER IS APPLICABLE.</b>									
MAIL TO: FINANCE MANAGEMENT, MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT, PO BOX 118, JEFFERSON CITY, MO 65102									

**ENTERPRISE ZONE:  
REQUEST FOR WAIVER OR REDUCTION OF 30% REQUIREMENT**

Read instructions carefully before completing form.

FOR CALENDAR YEAR

OR TAX YEAR BEGINNING

ENDING

**THIS SCHEDULE MAY BE FILED *ONE TIME FOR ONE TAX PERIOD ONLY* BY TAXPAYERS CLAIMING ENTERPRISE ZONE TAX BENEFITS WHO EMPLOY 20 OR LESS FULL-TIME EMPLOYEES AT THIS FACILITY. ATTACH THIS SCHEDULE TO FORM 135 OR FORM 135-A, WHICHEVER IS APPLICABLE. VERIFICATION OF FULL-TIME EMPLOYEES MAY BE REQUIRED.**

NAME OF FACILITY

FACILITY FEDERAL ID NO.

AND

**IMPORTANT:** IN ORDER TO QUALIFY FOR THE **EXEMPTION AND THE INVESTMENT CREDIT**, IT IS REQUIRED THAT AT LEAST THIRTY PERCENT OF THE NEW EMPLOYEES BE "SPECIAL" EMPLOYEES (at the time hired for the new development, unemployed for at least 90 days, or eligible for Temporary Assistance or General Relief) OR BE RESIDENTS OF A MISSOURI ZONE, FOR AT LEAST ONE FULL MONTH.

TAXPAYER FEDERAL ID NO.

AND

IF THE TAXPAYER CANNOT MEET THIS REQUIREMENT, HE/SHE MAY COMPLETE THIS SCHEDULE TO REQUEST EITHER: (1) A ONE-TIME WAIVER IF AN AVERAGE OF 10 or less FULL-TIME EMPLOYEES were employed AT THIS FACILITY DURING THIS TAX PERIOD; or (2) A ONE-TIME REDUCTION IF AN AVERAGE OF 11 to 20 FULL-TIME EMPLOYEES were employed AT THIS FACILITY DURING THIS TAX PERIOD.

FACILITY MISSOURI TAX ID NO.  
(MITS)

I, \_\_\_\_\_, \_\_\_\_\_,  
FACILITY SPOKESPERSON SPOKESPERSON'S TITLE

of the forenamed facility, do hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_,

that a total AVERAGE of \_\_\_\_\_ people were employed FULL-TIME at this facility DURING THIS TAX PERIOD.

NO. OF EMPLOYEES

(See instructions, page 34 for calculating total average number of full-time employees. VERIFICATION MAY BE REQUIRED.)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS SCHEDULE, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

TAXPAYER'S OR DESIGNEE'S SIGNATURE

DATE

PREPARER'S SIGNATURE

DATE

**ATTACH TO FORM 135 OR 135-A WHICHEVER IS APPLICABLE.**

MAIL TO:  
FINANCE MANAGEMENT  
MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
PO BOX 118  
JEFFERSON CITY, MO 65102